Cardiovascular Disease Mortality and Risk Factors

in the Douglas County Health Department



Douglas County Health Department

1819 Farnam Street/Room 401 Omaha, NE 68183

Phone: (402) 444-7471 Fax: (402) 444-6267

Although not statistically significant, age-adjusted mortality rates for total cardiovascular disease, heart disease, and stroke in Douglas County are higher than those for the state as a whole. Consistent with adults in many Nebraska health districts, males, compared to females in Douglas County are less likely to consume five or more servings of fruits and vegetables daily, less likely to have health care coverage (among those 18-64), and more likely to smoke cigarettes. Of the 18 local public health departments presented in this report, adults in Douglas County (24.3%) have the second highest percentage of cigarette smokers, significantly higher than the 21.9% statewide. In contrast, compared to the rest of the state, a significantly greater percentage of adults in Douglas County have had a cholesterol screening in the past five years (67.7%), a significantly lower percentage report having no health care coverage (among those 18-64) (10.5%), and a significantly lower percentage report not engaging in leisure time physical activity (23.5%). Additionally, as compared to the statewide percentage (21.6%), fewer male adults in Douglas County are obese (19.5%).

Regionally specific supplement to:

Cardiovascular Disease Mortality and Risk Factors by Nebraska's Local Public Health Department Regions. Lincoln, NE: Nebraska Health and Human Services System, Department of Health and Human Services, Offices of Disease Prevention and Health Promotion; 2005

Nebraska Cardiovascular Health Program 301 Centennial Mall South, P.O. Box 95044 Lincoln, NE 68509-5044

402-471-2101

Douglas County Health Department

Demographic Composition

Counties	Average age	Education		Race / Ethni	city	
Douglas	34.7 years	H.S Grad / GED	87.3%		Number	Percentage
Total population	Median income	or higher		White,non- Hispanic	362,528	78.2%
463,585	\$43,209	Baccalaureate / Graduate degree	30.6%	Minority	101,057	21.8%
Source: 2000 Census		_				

Mortality and Risk Factors

	Mortality Due to Cardiovascular Disease Among Residents in Douglas County Health Department by Gender, 1999-2003										
Cause of Death [%]			Total		Male Female					Relative Risk	
		Nª	AAR ^b	me ^c	N ^a	AAR^b	me ^c	N ^a	AAR^b	me ^c	(M:F) ^d
	Total Cardiovascular Disease	6,279	301.9	7.5	2,836	361.8	13.3	3,443	258.7	8.6	1.40 +
	Heart Disease	4,482	215.2	6.3	2,164	272.9	11.5	2,318	174.5	7.1	1.56 +
	Sudden Cardiac Death	2,246	107.3	4.4	1,048	132.4	8.0	1,198	88.4	5.0	1.50 +
	Stroke	1,199	57.8	3.3	446	58.5	5.4	753	56.4	4.0	1.04

Source: Nebraska Vital Records

Risk Factors for Cardiovascular Disease Among Adults in Douglas County Health Department by Gender, 1995-2003

CVD Risk Factors	Total		Male			Female			Relative Risk	
	n ^e W% ^f		me ^c	ne	W% ^f	me ^c	n ^e	W% ^f	me ^c	(M:F) ^d
¹ Current Cholesterol Screening	4,002	67.7 ++	1.9	1,520	63.6	3.1	2,482	71.4 **	2.3	0.89 -
Diagnosed Diabetes	6,948	5.2	0.6	2,657	5.4	0.9	4,291	5.1	0.8	1.07
5-a-day Consumption	3,994	17.9	1.5	1,523	13.3	2.2	2,471	22.1	2.0	0.60 -
Diagnosed High Blood Cholesterol	3,026	28.1	2.1	1,074	31.0	3.3	1,952	25.8	2.7	1.20 +
Diagnosed High Blood Pressure	4,130	20.9	1.5	1,572	20.1	2.3	2,558	21.6	1.9	0.93
No Health Care Coverage, 18-64	5,508	10.5	1.0	2,194	11.7	1.7	3,314	9.3	1.2	1.26 +
7 Obese	6,596	18.9	1.1	2,606	19.5	1.8	3,990	18.4	1.4	1.06
No Leisure Time Physical Activity	5,447	23.5	1.3	2,071	19.8	2.0	3,376	26.9	1.7	0.74 -
⁹ Current Cigarette Smoking	6,940	24.3 **	1.3	2,651	26.6	2.0	4,289	22.1 **	1.7	1.20 +

Source: Nebraska Behavioral Risk Factor Surveillance System

- a Documented number of deaths from each cause between 1999 and 2003
- b Average annual age-adjusted rate per 100,000 population (2000 U.S. standard population)
- $^{\mathbf{c}}$ Margin of error (me) at 95% confidence, interpreted as plus/minus the relevant age-adjusted $\,$ rate or weighted percentage
- d Relative Risk is the male to female rate ratio (for mortality) and percentage ratio (for risk factors)
- e Non-weighted sample size for each risk factor
- f Percentage weighted by gender and age to reflect Nebraska's population (using CDC's BRFSS weighting methodology)
- Percentage of adults reporting that they had their cholesterol checked within the 5 years preceding the survey
- ² Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that they have diabetes (excluding gestational diabetes)
- ³ Percentage of adults reporting that they consume 5 or more daily servings of fruits and vegetables
- Percentage of adults reporting that they have ever been told by a doctor , nurse, or health professional that their blood cholesterol is high, among those that have ever had it checked
- ⁵ Percentage of adults reporting that they have ever been told by a doctor, nurse, or other health professional that their blood pressure is high
- ⁶ Percentage of adults, 18-64, reporting that they do not have any kind of health care coverage, including health insurance, prepaid plans such as HMO, or governmental plans
- Percentage of adults body mass index value of 30 or greater (based on self-reported height and weight)
- 8 Percentage of adults reporting that, other than their regular job, they did not participate in any physical activities or exercises during the 30 days preceding the survey
- 9 Percentage of adults that have smoked at least 100 cigarettes during their lifetime and currently smoke cigarettes every day or on some days

The age-adjusted rate for males is significantly higher than the rate for females (p < 0.05)

⁺⁺ The percentage is significantly higher (p < 0.05) than all other Nebraska HDs

⁺ The lower bound of the 95% confidence interval for the risk ratio is greater than 1.0

 $^{^{--}}$ The percentage is significantly lower (p < 0.05) than all other Nebraska HDs

The upper bound of the 95% confidence interval for the risk ratio is less than 1.0

 $^{^{\}mbox{\scriptsize M}}$ Specific ICD-10 Cause of Death Codes may be found in the Methodology Section of this Report